

| United States Bankruptcy Court<br>Northern District of Illinois  |  | Voluntary Petition   |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
|--|--|--|-------------------------------------|-------------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------|--------------------------|---------------------------|-----------------------------|--------------------------------|---------------------------------|----------------------------------|-----------------------------------|---------------------------------|--------------------------|--|
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Herrera, Salvador J</b>   |  | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>Herrera, Dorina J</b>   |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):   |  | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):<br><b>FKA Dorina J Ransdell</b>   |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all)<br><b>xxx-xx-2996</b>  |  | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)<br><b>xxx-xx-2273</b>  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>4307 Shamrock Lane, Apt. 3B</b><br><b>McHenry, IL</b>  |  | Street Address of Joint Debtor (No. and Street, City, and State):<br><b>4307 Shamrock Lane, Apt. 3B</b><br><b>McHenry, IL</b>  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| ZIP Code<br><b>60050-3118</b>  |  | ZIP Code<br><b>60050-3118</b>  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| County of Residence or of the Principal Place of Business:<br><b>McHenry</b>   |  | County of Residence or of the Principal Place of Business:<br><b>McHenry</b>   |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Mailing Address of Debtor (if different from street address):  |  | Mailing Address of Joint Debtor (if different from street address):  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| ZIP Code   |  | ZIP Code   |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Location of Principal Assets of Business Debtor (if different from street address above):  |  |  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)   | <b>Nature of Business</b><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)<br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
|  |  | <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding by, regarding, or against debtor is pending:  | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).   | <b>Nature of Debts</b><br>(Check one box)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
|  |  | <input type="checkbox"/> Debts are primarily business debts.   |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.   |  | Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| <b>Statistical/Administrative Information</b> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.           <br/> <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.         </div> <div style="flex: 1;"> <b>THIS SPACE IS FOR COURT USE ONLY</b> </div> </div>   |  |  |                                     |                                     |                                 |                                  |                                   |                                 |                          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1-<br/>49</td> <td style="text-align: center;">50-<br/>99</td> <td style="text-align: center;">100-<br/>199</td> <td style="text-align: center;">200-<br/>999</td> <td style="text-align: center;">1,000-<br/>5,000</td> <td style="text-align: center;">5,001-<br/>10,000</td> <td style="text-align: center;">10,001-<br/>25,000</td> <td style="text-align: center;">25,001-<br/>50,000</td> <td style="text-align: center;">50,001-<br/>100,000</td> <td style="text-align: center;">OVER<br/>100,000</td> </tr> </table>   |  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1-<br>49           | 50-<br>99                | 100-<br>199               | 200-<br>999                 | 1,000-<br>5,000                | 5,001-<br>10,000                | 10,001-<br>25,000                | 25,001-<br>50,000                 | 50,001-<br>100,000              | OVER<br>100,000          |  |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| 1-<br>49   | 50-<br>99  | 100-<br>199  | 200-<br>999                         | 1,000-<br>5,000                     | 5,001-<br>10,000                | 10,001-<br>25,000                | 25,001-<br>50,000                 | 50,001-<br>100,000              | OVER<br>100,000          |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to<br/>\$50,000</td> <td style="text-align: center;">\$50,001 to<br/>\$100,000</td> <td style="text-align: center;">\$100,001 to<br/>\$500,000</td> <td style="text-align: center;">\$500,001<br/>to \$1 million</td> <td style="text-align: center;">\$1,000,001<br/>to \$10 million</td> <td style="text-align: center;">\$10,000,001<br/>to \$50 million</td> <td style="text-align: center;">\$50,000,001<br/>to \$100 million</td> <td style="text-align: center;">\$100,000,001<br/>to \$500 million</td> <td style="text-align: center;">\$500,000,001<br/>to \$1 billion</td> <td style="text-align: center;">More than<br/>\$1 billion</td> </tr> </table>      |  | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to<br>\$50,000 | \$50,001 to<br>\$100,000 | \$100,001 to<br>\$500,000 | \$500,001<br>to \$1 million | \$1,000,001<br>to \$10 million | \$10,000,001<br>to \$50 million | \$50,000,001<br>to \$100 million | \$100,000,001<br>to \$500 million | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion |  |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| \$0 to<br>\$50,000   | \$50,001 to<br>\$100,000   | \$100,001 to<br>\$500,000  | \$500,001<br>to \$1 million         | \$1,000,001<br>to \$10 million      | \$10,000,001<br>to \$50 million | \$50,000,001<br>to \$100 million | \$100,000,001<br>to \$500 million | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input checked="" type="checkbox"/></td> <td style="text-align: center; width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to<br/>\$50,000</td> <td style="text-align: center;">\$50,001 to<br/>\$100,000</td> <td style="text-align: center;">\$100,001 to<br/>\$500,000</td> <td style="text-align: center;">\$500,001<br/>to \$1 million</td> <td style="text-align: center;">\$1,000,001<br/>to \$10 million</td> <td style="text-align: center;">\$10,000,001<br/>to \$50 million</td> <td style="text-align: center;">\$50,000,001<br/>to \$100 million</td> <td style="text-align: center;">\$100,000,001<br/>to \$500 million</td> <td style="text-align: center;">\$500,000,001<br/>to \$1 billion</td> <td style="text-align: center;">More than<br/>\$1 billion</td> </tr> </table> |  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to<br>\$50,000 | \$50,001 to<br>\$100,000 | \$100,001 to<br>\$500,000 | \$500,001<br>to \$1 million | \$1,000,001<br>to \$10 million | \$10,000,001<br>to \$50 million | \$50,000,001<br>to \$100 million | \$100,000,001<br>to \$500 million | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>        | <input type="checkbox"/>         | <input type="checkbox"/>          | <input type="checkbox"/>        | <input type="checkbox"/> |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |
| \$0 to<br>\$50,000   | \$50,001 to<br>\$100,000   | \$100,001 to<br>\$500,000  | \$500,001<br>to \$1 million         | \$1,000,001<br>to \$10 million      | \$10,000,001<br>to \$50 million | \$50,000,001<br>to \$100 million | \$100,000,001<br>to \$500 million | \$500,000,001<br>to \$1 billion | More than<br>\$1 billion |                          |                          |                    |                          |                           |                             |                                |                                 |                                  |                                   |                                 |                          |  |

|   |               |  |
|---|---------------|--|
| <b>Voluntary Petition</b><br><i>(This page must be completed and filed in every case)</i>   |               | Name of Debtor(s):<br><b>Herrera, Salvador J</b><br><b>Herrera, Dorina J</b>   |
| <b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)   |               |  |
| Location<br>Where Filed: <b>- None -</b>  | Case Number:  | Date Filed:  |
| Location<br>Where Filed:  | Case Number:  | Date Filed:  |
| <b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)  |               |  |
| Name of Debtor:<br><b>- None -</b>  | Case Number:  | Date Filed:  |
| District:   | Relationship: | Judge:   |
| <b>Exhibit A</b>  |               | <b>Exhibit B</b><br>(To be completed if debtor is an individual whose debts are primarily consumer debts.)<br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition.  |               | <b>X /s/ David L. Stretch</b><br>Signature of Attorney for Debtor(s)<br><b>David L. Stretch 6228693</b>  |
| <b>Exhibit C</b><br>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?<br><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.<br><input checked="" type="checkbox"/> No.  |               |  |
| <b>Exhibit D</b><br>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)<br><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.<br>If this is a joint petition:<br><input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.   |               |  |
| <b>Information Regarding the Debtor - Venue</b><br>(Check any applicable box)   |               |  |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.<br><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.<br><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. |               |  |
| <b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b><br>(Check all applicable boxes)  |               |  |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)   |               |  |
| <hr/> (Name of landlord that obtained judgment) <hr/> (Address of landlord) <hr/>   |               |  |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and<br><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.<br><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).  |               |  |

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Herrera, Salvador J****Herrera, Dorina J****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.  
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Salvador J Herrera**Signature of Debtor **Salvador J Herrera****X /s/ Dorina J Herrera**Signature of Joint Debtor **Dorina J Herrera**

Telephone Number (If not represented by attorney)

**December 6, 2014**

Date

**Signature of Attorney\*****X /s/ David L. Stretch**

Signature of Attorney for Debtor(s)

**David L. Stretch 6228693**

Printed Name of Attorney for Debtor(s)

**The Law Office of David L. Stretch**

Firm Name

**5447 W. Bull Valley Road  
McHenry, IL 60050-7410**

Address

**Email: stretchlaw@gmail.com****815-578-0055 Fax: 815-425-6000**

Telephone Number

**December 6, 2014**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Salvador J Herrera**  
**Dorina J Herrera**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Salvador J Herrera  
Salvador J Herrera

Date: December 6, 2014

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Salvador J Herrera**  
**Dorina J Herrera**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Dorina J Herrera  
Dorina J Herrera

Date: December 6, 2014

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

Chapter \_\_\_\_\_

**7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS  | ASSETS           | LIABILITIES       | OTHER           |
|---|----------------------|-------------------|------------------|-------------------|-----------------|
| A - Real Property   | <b>Yes</b>           | 1                 | <b>61,228.00</b> |                   |                 |
| B - Personal Property   | <b>Yes</b>           | 4                 | <b>38,012.00</b> |                   |                 |
| C - Property Claimed as Exempt  | <b>Yes</b>           | 1                 |                  |                   |                 |
| D - Creditors Holding Secured Claims  | <b>Yes</b>           | 1                 |                  | <b>100,019.00</b> |                 |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | <b>Yes</b>           | 1                 |                  | <b>0.00</b>       |                 |
| F - Creditors Holding Unsecured Nonpriority Claims                              | <b>Yes</b>           | 13                |                  | <b>76,341.44</b>  |                 |
| G - Executory Contracts and Unexpired Leases                                    | <b>Yes</b>           | 1                 |                  |                   |                 |
| H - Codebtors   | <b>Yes</b>           | 1                 |                  |                   |                 |
| I - Current Income of Individual Debtor(s)                                      | <b>Yes</b>           | 2                 |                  |                   | <b>3,310.62</b> |
| J - Current Expenditures of Individual Debtor(s)                                | <b>Yes</b>           | 2                 |                  |                   | <b>3,570.00</b> |
| Total Number of Sheets of ALL Schedules   |                      | <b>27</b>         |                  |                   |                 |
|   | Total Assets         |                   | <b>99,240.00</b> |                   |                 |
|   |                      | Total Liabilities |                  | <b>176,360.44</b> |                 |

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

Chapter \_\_\_\_\_

**7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount          |
|---|-----------------|
| Domestic Support Obligations (from Schedule E)  | <b>0.00</b>     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | <b>0.00</b>     |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | <b>0.00</b>     |
| Student Loan Obligations (from Schedule F)  | <b>5,844.00</b> |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | <b>0.00</b>     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | <b>0.00</b>     |
| <b>TOTAL</b>  | <b>5,844.00</b> |

**State the following:**

|   |                 |
|---|-----------------|
| Average Income (from Schedule I, Line 12)   | <b>3,310.62</b> |
| Average Expenses (from Schedule J, Line 22)   | <b>3,570.00</b> |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 ) | <b>4,916.50</b> |

**State the following:**

|  |             |                   |
|--|-------------|-------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |             | <b>28,789.00</b>  |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | <b>0.00</b> |                   |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |             | <b>0.00</b>       |
| 4. Total from Schedule F   |             | <b>76,341.44</b>  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |             | <b>105,130.44</b> |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property                                    | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|---|---|------------------------------------|--|-------------------------|
| <b>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b> | <b>Fee Simple</b>                       | <b>W</b>                           | <b>61,228.00</b>   | <b>83,124.00</b>        |

Sub-Total > **61,228.00** (Total of this page)

Total > **61,228.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--|---|---|
| 1. Cash on hand  |                  | <b>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b>                    | J   | <b>10.00</b>  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | <b>First Midwest Bank checking account</b>   | J   | <b>510.00</b>   |
|  |                  | <b>First Midwest Bank checking account</b>   | W   | <b>311.00</b>   |
|  |                  | <b>First Midwest Bank checking account</b>   | H   | <b>24.00</b>  |
|  |                  | <b>First Midwest Bank savings account</b>  | W   | <b>5.00</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | X                |  |   |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  |                  | <b>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b>                    | J   | <b>700.00</b>   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X                |  |   |   |
| 6. Wearing apparel.  |                  | <b>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b>                    | J   | <b>500.00</b>   |
| 7. Furs and jewelry.   |                  | <b>Wedding rings.<br/>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b> | J   | <b>150.00</b>   |
| 8. Firearms and sports, photographic, and other hobby equipment.   | X                |  |   |   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   |                  | <b>Term life insurance through employer, McDonald's,<br/>no cash surrender value.</b>      | W   | <b>0.00</b>   |
|  |                  | <b>Term life insurance through employer, Home Depot.<br/>No cash surrender value.</b>      | H   | <b>0.00</b>   |
|  |                  |  |   | <b>Sub-Total &gt;<br/>(Total of this page)</b>  |
|  |                  |  |   | <b>2,210.00</b>   |

3 continuation sheets attached to the Schedule of Personal Property

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property     | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 10. Annuities. Itemize and name each issuer.  | X                |  |   |   |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |  |   |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   |                  | <b>McDonald's 401(k) Retirement Plan</b> | W   | <b>25,000.00</b>  |
|   |                  | <b>Aeroforze IRA</b>                     | W   | <b>800.00</b>   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |  |   |   |
| 14. Interests in partnerships or joint ventures. Itemize.   | X                |  |   |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |  |   |   |
| 16. Accounts receivable.  | X                |  |   |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |  |   |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |  |   |   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |  |   |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |  |   |   |
|   |                  |  |   | Sub-Total > <b>25,800.00</b>  |
|   |                  |  |   | (Total of this page)  |

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property   | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |  |   |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | X                |  |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | X                |  |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |  |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>2006 Chrysler 300, 82,000 miles, good condition.<br/>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b>   | J   | <b>7,811.00</b>   |
|   |                  | <b>1996 Dodge Ram 1500, 97,000 miles, poor condition.<br/>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br/>60050-3118</b> | J   | <b>2,191.00</b>   |
| 26. Boats, motors, and accessories.   | X                |  |   |   |
| 27. Aircraft and accessories.   | X                |  |   |   |
| 28. Office equipment, furnishings, and supplies.  | X                |  |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | X                |  |   |   |
| 30. Inventory.  | X                |  |   |   |
| 31. Animals.  |                  | <b>Housepet, 1 dog, no commercial value.</b>   | J   | <b>0.00</b>   |
| 32. Crops - growing or harvested. Give particulars.   | X                |  |   |   |
|   |                  |  |   | <b>Sub-Total &gt;<br/>(Total of this page)</b>  |
|   |                  |  |   | <b>10,002.00</b>  |

Sheet 2 of 3 continuation sheets attached  
to the Schedule of Personal Property

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--------------------------------------|---|---|
| 33. Farming equipment and implements.                                | X                |                                      |   |   |
| 34. Farm supplies, chemicals, and feed.                              | X                |                                      |   |   |
| 35. Other personal property of any kind not already listed. Itemize. | X                |                                      |   |   |

Sub-Total > **0.00**  
(Total of this page)  
Total > **38,012.00**

(Report also on Summary of Schedules)

Sheet **3** of **3** continuation sheets attached  
to the Schedule of Personal Property

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)  
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property   | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|--------------------------------------|----------------------------|---|
| <b>Cash on Hand</b>   |                                      |                            |   |
| Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL 60050-3118                    | 735 ILCS 5/12-1001(b)                | 10.00                      | 10.00   |
| <b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>  |                                      |                            |   |
| First Midwest Bank checking account   | 735 ILCS 5/12-1001(b)                | 510.00                     | 510.00  |
| First Midwest Bank checking account   | 735 ILCS 5/12-1001(b)                | 311.00                     | 311.00  |
| First Midwest Bank checking account   | 735 ILCS 5/12-1001(b)                | 24.00                      | 24.00   |
| First Midwest Bank savings account  | 735 ILCS 5/12-1001(b)                | 5.00                       | 5.00  |
| <b>Household Goods and Furnishings</b>  |                                      |                            |   |
| Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL 60050-3118                    | 735 ILCS 5/12-1001(b)                | 700.00                     | 700.00  |
| <b>Wearing Apparel</b>  |                                      |                            |   |
| Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL 60050-3118                    | 735 ILCS 5/12-1001(a)                | 500.00                     | 500.00  |
| <b>Furs and Jewelry</b>   |                                      |                            |   |
| Wedding rings.  | 735 ILCS 5/12-1001(b)                | 150.00                     | 150.00  |
| Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL 60050-3118                    |                                      |                            |   |
| <b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b> |                                      |                            |   |
| McDonald's 401(k) Retirement Plan   | 735 ILCS 5/12-1006                   | 25,000.00                  | 25,000.00   |
| Aeroforze IRA   | 735 ILCS 5/12-1006                   | 800.00                     | 800.00  |
|   |                                      | Total:                     | 28,010.00   |
|   |                                      |                            | 28,010.00   |

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## SCHEDELE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTO<br>R<br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN                                       | CONTINGENT<br>UNLIQUIDATED<br>DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|----------------------------------|--|--|--|---------------------------------|
|  |                                  |  |  |  |                                 |
| Account No. xxxxxxxxxxxx0740   |                                  | Opened 11/01/13 Last Active 9/19/14<br><br>Automobile Loan<br><br>1996 Dodge Ram 1500, 97,000 miles,<br>poor condition.<br>Location: 4307 Shamrock Lane, Apt. 3B,<br>McHenry IL 60050-3118 |  |  |                                 |
| American General Financial<br>Springleaf Financial / Bankruptcy<br>PO Box 3251<br>Evansville, IN 47731           | J                                | Value \$ 2,191.00  |  | 2,824.00   | 633.00                          |
| Account No. xxxxxxxx2556   |                                  | Opened 7/01/13 Last Active 9/19/14<br><br>Automobile Loan<br><br>2006 Chrysler 300, 82,000 miles, good<br>condition.<br>Location: 4307 Shamrock Lane, Apt. 3B,<br>McHenry IL 60050-3118    |  |  |                                 |
| Consumer Portfolio Service<br>Attn: Bankruptcy<br>19500 Jamboree Road<br>Irvine, CA 92612                        | W                                | Value \$ 7,811.00  |  | 14,071.00  | 6,260.00                        |
| Account No. xxxxx8280  |                                  | Opened 3/01/07 Last Active 5/29/14<br><br>Mortgage<br><br>Location: 4307 Shamrock Lane, Apt. 3B,<br>McHenry IL 60050-3118  |  |  |                                 |
| Nationstar Mortgage LLC<br>Attn: Bankruptcy<br>350 Highland Drive<br>Lewisville, TX 75067                        | W                                | Value \$ 61,228.00   |  | 83,124.00  | 21,896.00                       |
| Account No.  |                                  | Value \$   |  |  |                                 |
|  |                                  |  |  |  |                                 |
|  |                                  |  |  |  |                                 |
|  |                                  |  |  |  |                                 |
| 0 continuation sheets attached   |                                  | Subtotal<br>(Total of this page)   |  | 100,019.00   | 28,789.00                       |
|  |                                  | Total<br>(Report on Summary of Schedules)  |  | 100,019.00   | 28,789.00                       |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### **TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|------------------------------------|---|------------|--------------|----------|-----------------|
|   |          |                                    |   |            |              |          |                 |
| Account No. <b>xx9345</b>   |          |                                    | <b>Med1 02 - Anesthesia Assoc Crystal Valley</b>  |            |              |          |                 |
| <b>A / R Concepts</b><br>18-3 E Dundee Road<br>Barrington, IL 60010   | H        |                                    |   |            |              |          | <b>1,526.00</b> |
| Account No. <b>xx5712</b>   |          |                                    | <b>Med1 - McHenry Radiologists Imaging</b>  |            |              |          |                 |
| <b>A / R Concepts</b><br>18-3 E Dundee Road<br>Barrington, IL 60010   | H        |                                    |   |            |              |          | <b>831.00</b>   |
| Account No. <b>xx9532</b>   |          |                                    | <b>Med1 - McHenry Radiologists Imaging</b>  |            |              |          |                 |
| <b>A / R Concepts</b><br>18-3 E Dundee Road<br>Barrington, IL 60010   | H        |                                    |   |            |              |          | <b>74.00</b>    |
| Account No. <b>xx2611</b>   |          |                                    | <b>Med1 02 - McHenry Radiologists Imaging</b>   |            |              |          |                 |
| <b>A / R Concepts</b><br>18-3 E Dundee Road<br>Barrington, IL 60010   | H        |                                    |   |            |              |          | <b>53.00</b>    |
| <b>Subtotal<br/>(Total of this page)</b>  |          |                                    |   |            |              |          | <b>2,484.00</b> |

12 continuation sheets attached

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          |                 |
| Account No. <b>xxxxx5493</b>   |                | <b>Dorina Ransdell</b>  |                                  |              |          | <b>166.94</b>   |
| <b>Advocate Good Shepherd Hospital<br/>450 West Highway 22<br/>Barrington, IL 60010</b>                          | <b>J</b>       |   |                                  |              |          |                 |
| Account No. <b>xxxxx8822</b>   |                | <b>10/15/2013<br/>Dorina Ransdell</b>   |                                  |              |          | <b>125.22</b>   |
| <b>Advocate Good Shepherd Hospital<br/>450 West Highway 22<br/>Barrington, IL 60010</b>                          | <b>J</b>       | <b>12/16/2013<br/>Dorina Ransdell</b>   |                                  |              |          | <b>118.00</b>   |
| Account No. <b>xxxxx6190</b>   |                | <b>12/16/2013</b>   |                                  |              |          | <b>307.52</b>   |
| <b>Advocate Good Shepherd Hospital<br/>450 West Highway 22<br/>Barrington, IL 60010</b>                          | <b>J</b>       |   |                                  |              |          |                 |
| Account No. <b>xxxxx8692</b>   |                | <b>Opened 6/01/14<br/>Collection Attorney - MHS Physician Services<br/>13.0</b>   |                                  |              |          | <b>112.00</b>   |
| <b>Americollect<br/>Attn: Bankruptcy<br/>PO Box 1566<br/>Manitowoc, WI 54221</b>                                 | <b>W</b>       |   |                                  |              |          |                 |
| Sheet no. <b>1</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>829.68</b>   |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT<br>UNLIQUIDATED       | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|----------|-----------------|
|  |                |   |                                  |          | 76.00           |
| Account No. xxxxx2612, xxxx #: xxxx0601  |                | Opened 1/01/14<br>Collection Attorney - MHS Physician Services<br>13.0  |                                  |          |                 |
| <b>Americollect<br/>Attn: Bankruptcy<br/>PO Box 1566<br/>Manitowoc, WI 54221-1566</b>                            | W              |   |                                  |          |                 |
| Account No. xxxxx0922  |                | Opened 6/01/14<br>Collection Attorney - MHS Physician Services<br>13.0  |                                  |          |                 |
| <b>Americollect Inc<br/>Attn: Bankruptcy<br/>PO Box 1566<br/>Manitowoc, WI 54221</b>                             | W              |   |                                  |          | 15.00           |
| Account No. xxxxx5482, xxxx #: xxxx0601  |                | Opened 1/01/14<br>Collection Attorney - MHS Physician Services<br>13.0  |                                  |          |                 |
| <b>Americollect Inc<br/>Attn: Bankruptcy<br/>PO Box 1566<br/>Manitowoc, WI 54221-1566</b>                        | W              |   |                                  |          | 14.00           |
| Account No. xxxx xxxx xxxx 2008  |                | Opened 9/01/14 Last Active 10/31/14<br>Credit Card  |                                  |          |                 |
| <b>Capital One Bank<br/>Attn: General Correspondence<br/>PO Box 30285<br/>Salt Lake City, UT 84130</b>           | H              |   |                                  |          | 49.00           |
| Account No. xxxxxxxx2858, xxxx #: xxxx1802   |                | ComEd 26499   |                                  |          |                 |
| <b>CCI - Contract Callers Inc.<br/>1058 Claussen Road<br/>Suite 110<br/>Augusta, GA 30907</b>                    | H              |   |                                  |          | 613.00          |
| Sheet no. <u>2</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |          | <b>767.00</b>   |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|--|----------------|---|------------|--------------|----------|------------------|
|  |                |   |            |              |          |                  |
| Account No. xxxxxxxxxxxx xxx xxxxxxx938-1  |                | 12/20/2013 and 4/3/2014   |            |              |          |                  |
| Centegra Clinical Laboratories<br>13707 W. Jackson Street<br>Woodstock, IL 60098                                 | J              |   |            |              |          | 44.76            |
| Account No. xxxxxxxxxxxxxxx0001  |                | 4/8/2014<br>Medical Services - Jenna Kramer   |            |              |          |                  |
| Centegra Health System<br>PO Box 7701<br>Carol Stream, IL 60197-7701   | J              |   |            |              |          | 361.96           |
| Account No. xxxxxxxx0009   |                | Medical services  |            |              |          |                  |
| Centegra Health System<br>PO Box 1447<br>Woodstock, IL 60098-1447  | J              |   |            |              |          | 20,871.27        |
| Account No. xxxx xx: xxxxxxxx8105  |                | 4/8/2014<br>Medical services  |            |              |          |                  |
| Centegra Hospital - McHenry<br>PO Box 1570<br>Woodstock, IL 60098-1570   | J              |   |            |              |          | 331.50           |
| Account No. xxxxxxxxxxxxx0261  |                |   |            |              |          |                  |
| Centegra Physician Care<br>PO Box 37847<br>Philadelphia, PA 19101-7847   | J              |   |            |              |          | 27.88            |
| Sheet no. <u>3</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                | Subtotal<br>(Total of this page)  |            |              |          | <b>21,637.37</b> |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|--|----------------|---|------------|--------------|----------|------------------|
|  |                |   |            |              |          | 1,420.00         |
| Account No. xxxxxxxxxxxx0093   |                | Medical services  |            |              |          |                  |
| Centegra Physician Care<br>PO Box 37847<br>Philadelphia, PA 19101-7847   | J              |   |            |              |          |                  |
| Account No. xxxxxxxxxxxx5355   |                | Medical services  |            |              |          |                  |
| Centegra Physician Care LLC<br>PO Box 187<br>Bedford Park, IL 60499-0187   | J              |   |            |              |          |                  |
| Account No. xxxx xxxx xxxx 2334  |                | Opened 11/01/99 Last Active 10/10/10<br>Credit Card   |            |              |          |                  |
| Chase<br>PO Box 15298<br>Wilmington, DE 19850  | W              |   |            |              |          |                  |
| Account No. xxxx xxxx xxxx 9801  |                | Opened 9/01/06 Last Active 8/13/10<br>Credit Card   |            |              |          |                  |
| Chase<br>PO Box 15298<br>Wilmington, DE 19850  | W              |   |            |              |          |                  |
| Account No.  |                |   |            |              |          |                  |
| Citi<br>Attn: Centralized Bankruptcy<br>PO Box 20507<br>Kansas City, MO 64915                                    | J              |   |            |              |          |                  |
|  |                |   |            |              |          |                  |
| Sheet no. <u>4</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                | Subtotal<br>(Total of this page)  |            |              |          | <b>19,867.38</b> |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          |                 |
| Account No. xxxxxxxx23N1   |                | Opened 9/01/14<br>Collection Attorney - Moraine Emergency<br>Physicians   |                                  |              |          |                 |
| Commonwealth Financial<br>245 Main Street<br>Dickson City, PA 18519  | H              |   |                                  |              |          | 730.00          |
| Account No. xxxxxxxx28N1   |                | Opened 10/01/14<br>Collection Attorney - Moraine Emergency<br>Physicians  |                                  |              |          |                 |
| Commonwealth Financial<br>245 Main Street<br>Dickson City, PA 18519  | H              |   |                                  |              |          | 489.00          |
| Account No. xxxxxxxx11N1   |                | Opened 9/01/14<br>Collection Attorney - Moraine Emergency<br>Physicians   |                                  |              |          |                 |
| Commonwealth Financial<br>245 Main Street<br>Dickson City, PA 18519  | H              |   |                                  |              |          | 328.00          |
| Account No. xxxxxxxx37N1   |                | Opened 10/01/14<br>Collection Attorney - Moraine Emergency<br>Physicians  |                                  |              |          |                 |
| Commonwealth Financial<br>245 Main Street<br>Dickson City, PA 18519  | H              |   |                                  |              |          | 328.00          |
| Account No. xxxxxxxx46N1   |                | Opened 9/01/14<br>Collection Attorney - Moraine Emergency<br>Physicians   |                                  |              |          |                 |
| Commonwealth Financial<br>245 Main Street<br>Dickson City, PA 18519  | H              |   |                                  |              |          | 50.00           |
| Sheet no. <u>5</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | 1,925.00        |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|------------|--------------|----------|-----------------|
|  |                |   |            |              |          |                 |
| Account No. xxx-xx-x867-0  |                | Medical Supplies  |            |              |          |                 |
| Edgepark Medical Supplies<br>1810 Summit Commerce Park<br>Twinsburg, OH 44087                                    | J              |   |            |              |          | 150.00          |
| Account No. xxx7150  |                | US Asset Management, Inc, AT&T Mobility, #<br>269283087   |            |              |          |                 |
| EOS CCA<br>700 Longwater Drive<br>2nd Floor<br>Norwell, MA 02061   | J              |   |            |              |          | 2,272.14        |
| Account No. x0214  |                |   |            |              |          |                 |
| George Nahra MD<br>804 N. Front Street<br>McHenry, IL 60050-5522   | J              |   |            |              |          | 179.00          |
| Account No. xxx6866  |                | Opened 2/01/13<br>Collection Attorney - Centegra Hospital-<br>McHenry   |            |              |          |                 |
| H & R Accounts Inc<br>7017 John Deere Parkway<br>Moline, IL 61265  | W              |   |            |              |          | 1,161.00        |
| Account No. xxx2317  |                | Opened 12/01/13<br>Collection Attorney - Centegra Hospital-<br>McHenry  |            |              |          |                 |
| H & R Accounts Inc<br>7017 John Deere Parkway<br>Moline, IL 61265  | W              |   |            |              |          | 383.00          |
| Sheet no. <u>6</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                | Subtotal<br>(Total of this page)  |            |              |          | 4,145.14        |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          |                 |
| Account No. xxx7231  |                |   |                                  |              |          |                 |
| H & R Accounts Inc<br>7017 John Deere Parkway<br>Moline, IL 61265  | W              | Opened 9/01/10<br>Collection Attorney - Centegra Hospital-<br>McHenry   |                                  |              |          | 343.00          |
| Account No. xxx0010  |                |   |                                  |              |          |                 |
| H & R Accounts Inc<br>7017 John Deere Parkway<br>Moline, IL 61265  | W              | Opened 9/01/10<br>Collection Attorney - Centegra Hospital-<br>McHenry   |                                  |              |          | 260.00          |
| Account No. xxxx2799   |                |   |                                  |              |          |                 |
| Harris & Harris, Ltd.<br>111 W Jackson Boulevard<br>Suite 400<br>Chicago, IL 60604                               | W              | Opened 7/01/14<br>Collection Attorney - Centegra Health System  |                                  |              |          | 514.33          |
| Account No. xxxx1992   |                |   |                                  |              |          |                 |
| Harris & Harris, Ltd.<br>111 W Jackson Boulevard<br>Suite 400<br>Chicago, IL 60604                               | W              | Opened 5/01/14<br>Collection Attorney - Advocate-Good<br>Shepherd Hospital  |                                  |              |          | 308.00          |
| Account No. xxxx3140   |                |   |                                  |              |          |                 |
| Harris & Harris, Ltd.<br>111 W Jackson Boulevard<br>Suite 400<br>Chicago, IL 60604                               | W              | Opened 10/01/13<br>Collection Attorney - Centegra Clinical<br>Laboratories  |                                  |              |          | 55.00           |
| Sheet no. <u>7</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | 1,480.33        |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|------------|--------------|----------|-----------------|
|  |                |   |            |              |          |                 |
| Account No. xxxxxxxx & xxxxxxxx & xxxx0055   |                | Multiple accounts, Mercy Hospital   |            |              |          |                 |
| Harris & Harris, Ltd.<br>111 W. Jackson Boulevard<br>Suite 400<br>Chicago, IL 60661-4134                         | J              |   |            |              |          | 7,680.72        |
| Account No. xxxx7686   |                | Multiple Creditors - Centegra Health System<br>and Advocate Health, Jenna Kramer and<br>Dorina Ransdell                                       |            |              |          |                 |
| Harris & Harris, Ltd.<br>111 W. Jackson Boulevard<br>Suite 400<br>Chicago, IL 60661-4134                         | J              |   |            |              |          | 1,182.09        |
| Account No. xxxx #: xx9203   |                | Creditor: Anytime Fitness, Agreement #:<br>2256-30913   |            |              |          |                 |
| Internal Credit Systems, Inc.<br>PO Box 52088<br>Durham, NC 27717  | J              |   |            |              |          | 504.55          |
| Account No. xxxx-xxxx xxxxxxx5527  |                | Medical services  |            |              |          |                 |
| Lake McHenry Pathology Associates<br>520 E. 22nd Street<br>Lombard, IL 60148                                     | J              |   |            |              |          | 227.00          |
| Account No. xxxx1796   |                | Medical Services - Advocate Medical Group #<br>1002442574   |            |              |          |                 |
| Malcolm S. Gerald and Assoc.<br>332 S. Michigan Avenue<br>Suite 600<br>Chicago, IL 60604                         | J              |   |            |              |          | 41.60           |
| Sheet no. <u>8</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                | Subtotal<br>(Total of this page)  |            |              |          | 9,635.96        |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)    | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
|  |                |   |                                  |              |          |                 |
| Account No. xxxxxxx-xMRIG  |                | 4/8/2014<br>Jenna Kramer  |                                  |              |          | 278.00          |
| McHenry Radiologists & Imaging<br>PO Box 220<br>McHenry, IL 60051  | J              |   |                                  |              |          |                 |
| Account No. xxxxxxxx # xx-1355   |                | 4/8/2014<br>Medical services - Run Number 14-118244   |                                  |              |          | 535.00          |
| McHenry Township Fire Department<br>PO Box 457<br>Wheeling, IL 60090-0457  | J              |   |                                  |              |          |                 |
| Account No. xxxxxxxx #: xx-1355  |                | 4/8/2014<br>Medical services - Jenna Kramer, Run<br>Number: 14-118243   |                                  |              |          | 431.00          |
| McHenry Township Fire Department<br>PO Box 457<br>Wheeling, IL 60090   | J              |   |                                  |              |          |                 |
| Account No. xxxxxxxxx xxxx-0601  |                | Dorina Ransdell, Patient: Victoria Herrera, #<br>00887955.  |                                  |              |          | 249.33          |
| Mercy Health System<br>1000 Mineral Point Avenue<br>Janesville, WI 53548   | J              |   |                                  |              |          |                 |
| Account No. xxxxxxxxx xxxx-5416  |                | Medical services  |                                  |              |          | 148.47          |
| Mercy Health System<br>1000 Mineral Point Avenue<br>Janesville, WI 53548   | J              |   |                                  |              |          |                 |
| Sheet no. <u>9</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | 1,641.80        |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No. xxxx-xxxx xxxx283-G   |                | 12/16/2013<br>Medical services  |                                  |              |          |                 |
| Midwest Diagnostic Pathology, SC<br>75 Remittance Drive<br>Suite 3070<br>Chicago, IL 60675-3070                   | J              |   |                                  |              |          | 27.00           |
| Account No. xxxx xxxx xxxx 9170   |                | Opened 3/01/07 Last Active 6/20/11<br>Educational   |                                  |              |          |                 |
| Navient<br>PO Box 9655<br>Wilkes Barre, PA 18773  | W              |   |                                  |              |          | 5,844.00        |
| Account No. xx3GXF  |                | Centegra Primary Care #: 713055000093<br>0163127 and 0163128  |                                  |              |          |                 |
| NCO Financial Systems<br>507 Prudential Road<br>Horsham, PA 19044   | J              |   |                                  |              |          | 1,384.00        |
| Account No. xxx3732   |                | Med1 02 - McHenry Radiologists and Imaging,<br>Dorina Ransdell # J89913.  |                                  |              |          |                 |
| OAC<br>PO Box 371100<br>Milwaukee, WI 53237   | W              |   |                                  |              |          | 353.00          |
| Account No. xxx1699   |                | Med1 02 - McHenry Radiologists and Imaging  |                                  |              |          |                 |
| OAC<br>PO Box 371100<br>Milwaukee, WI 53237-2200  | H              |   |                                  |              |          | 141.00          |
| Sheet no. <u>10</u> of <u>12</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | 7,749.00        |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)     | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                       | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
|   |                |   |                                  |              |          |                 |
| Account No. <b>xxx4156</b>  |                | <b>12/17/2013<br/>Medical services - Victoria Herrera</b>   |                                  |              |          | <b>28.20</b>    |
| <b>Pediatrics Medical Group<br/>PO Box 88087<br/>Chicago, IL 60680-1087</b>                                       | <b>J</b>       |   |                                  |              |          |                 |
| Account No. <b>xxx2887</b>  |                | <b>Med1 02 - Medclr Inc</b>   |                                  |              |          | <b>328.00</b>   |
| <b>PMAB Service<br/>4135 S Stream Boulevard<br/>Suite 4<br/>Charlotte, NC 28217</b>                               | <b>H</b>       |   |                                  |              |          |                 |
| Account No. <b>xxxx xxxx xxxx 4483</b>  |                | <b>Opened 2/01/14<br/>Factoring Company Account - Capital One<br/>Bank USA NA</b>   |                                  |              |          | <b>1,145.00</b> |
| <b>Portfolio Recovery Associates, LLC<br/>Attn: Bankruptcy<br/>PO Box 41067<br/>Norfolk, VA 23541</b>             | <b>W</b>       |   |                                  |              |          |                 |
| Account No. <b>xxxx0715</b>   |                |   |                                  |              |          | <b>52.35</b>    |
| <b>RJM Acquisitions LLC<br/>575 Underhill Boulevard<br/>Suite 224<br/>Syosset, NY 11791-4437</b>                  | <b>J</b>       |   |                                  |              |          |                 |
| Account No. <b>xxx3006</b>  |                | <b>Comcast # 8771100360209793</b>   |                                  |              |          | <b>59.83</b>    |
| <b>Stellar Recovery<br/>PO Box 1234<br/>Fort Mill, SC 29716-1234</b>  | <b>J</b>       |   |                                  |              |          |                 |
| Sheet no. <b>11</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                |   | Subtotal<br>(Total of this page) |              |          | <b>1,613.38</b> |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)        | CODE<br>DEBTOR | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT                                | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM  |
|--|----------------|---|---|--------------|----------|------------------|
|  |                |   |   |              |          |                  |
| Account No. <b>6921</b>  |                | <b>Medical services - Salvador Herrera</b>  |   |              |          |                  |
| <b>Surgical Associates of Fox Valley<br/>690 East Terra Cotta Avenue<br/>Suite A<br/>Crystal Lake, IL 60014-3605</b> | <b>J</b>       |   |   |              |          | <b>2,250.00</b>  |
| Account No. <b>xxxxxx0022</b>  |                | <b>Opened 11/01/13<br/>Collection Attorney - Harvard Fire Protection<br/>District</b>   |   |              |          |                  |
| <b>United Credit<br/>United Credit Service, Inc.<br/>PO Box 740<br/>Elkhorn, WI 53121</b>                            | <b>H</b>       |   |   |              |          | <b>300.00</b>    |
| Account No. <b>xxxx*xxx516.1</b>   |                | <b>11/14/2013<br/>Medical services - Advocate Good Shepherd</b>   |   |              |          |                  |
| <b>Wellington Radiology Group, SC<br/>39006 Treasury Center<br/>Chicago, IL 60694-9000</b>                           | <b>J</b>       |   |   |              |          | <b>15.40</b>     |
| Account No.  |                |   |   |              |          |                  |
| Account No.  |                |   |   |              |          |                  |
| Sheet no. <b>12</b> of <b>12</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims    |                |   | Subtotal<br>(Total of this page)          |              |          | <b>2,565.40</b>  |
|  |                |   | Total<br>(Report on Summary of Schedules) |              |          | <b>76,341.44</b> |

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## **SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

**0**

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re **Salvador J Herrera,  
Dorina J Herrera**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

|   |                                      |
|---|--------------------------------------|
| Debtor 1                                | <u>Salvador J Herrera</u>            |
| Debtor 2<br>(Spouse, if filing)         | <u>Dorina J Herrera</u>              |
| United States Bankruptcy Court for the: | <u>NORTHERN DISTRICT OF ILLINOIS</u> |
| Case number<br>(If known)               | _____                                |

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

|                          | Debtor 1  | Debtor 2 or non-filing spouse   |
|--------------------------|---|---|
| Employment status        | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed<br><input type="checkbox"/> Not employed |
| Occupation               | <u>Freight Team</u>   | <u>Department Manager</u>   |
| Employer's name          | <u>Home Depot</u>   | <u>McDonald's</u>   |
| Employer's address       | <u>McHenry, IL</u> <u>Cary, IL</u>  |   |
| How long employed there? | <u>8 months</u> <u>8 years</u>  |   |

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1        | For Debtor 2 or non-filing spouse |
|--|---------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>662.63</u> | \$ <u>3,871.59</u>                |
| 3. Estimate and list monthly overtime pay.   | 3. +\$ <u>0.00</u>  | +\$ <u>0.00</u>                   |
| 4. Calculate gross income. Add line 2 + line 3.  | 4. \$ <u>662.63</u> | \$ <u>3,871.59</u>                |

Debtor 1 **Salvador J Herrera**  
 Debtor 2 **Dorina J Herrera**

Case number (if known)

|  | <b>For Debtor 1</b>            | <b>For Debtor 2 or non-filing spouse</b> |                      |
|--|--------------------------------|--|----------------------|
| <b>Copy line 4 here</b>  | <b>4. \$ 662.63</b>            | <b>\$ 3,871.59</b>                       |                      |
| <b>5. List all payroll deductions:</b>   |                                |  |                      |
| 5a. <b>Tax, Medicare, and Social Security deductions</b>   | 5a. \$ <b>134.06</b>           | \$ <b>700.63</b>                         |                      |
| 5b. <b>Mandatory contributions for retirement plans</b>  | 5b. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 5c. <b>Voluntary contributions for retirement plans</b>  | 5c. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 5d. <b>Required repayments of retirement fund loans</b>  | 5d. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 5e. <b>Insurance</b>   | 5e. \$ <b>20.26</b>            | \$ <b>301.76</b>                         |                      |
| 5f. <b>Domestic support obligations</b>  | 5f. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 5g. <b>Union dues</b>  | 5g. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 5h. <b>Other deductions. Specify:</b> <u>401(k) Contribution</u><br><u>401(k) Contribution</u>   | 5h.+ \$ <b>0.00</b>            | + \$ <b>37.44</b>                        |                      |
|  | <b>\$ 29.45</b>                | <b>\$ 0.00</b>                           |                      |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | <b>6. \$ 183.77</b>            | <b>\$ 1,039.83</b>                       |                      |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | <b>7. \$ 478.86</b>            | <b>\$ 2,831.76</b>                       |                      |
| <b>8. List all other income regularly received:</b>  |                                |  |                      |
| 8a. <b>Net income from rental property and from operating a business, profession, or farm</b><br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8b. <b>Interest and dividends</b>  | 8b. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b><br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8d. <b>Unemployment compensation</b>   | 8d. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8e. <b>Social Security</b>   | 8e. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8f. <b>Other government assistance that you regularly receive</b><br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:  | 8f. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8g. <b>Pension or retirement income</b>  | 8g. \$ <b>0.00</b>             | \$ <b>0.00</b>                           |                      |
| 8h. <b>Other monthly income. Specify:</b>  | 8h.+ \$ <b>0.00</b>            | + \$ <b>0.00</b>                         |                      |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | <b>9. \$ 0.00</b>              | <b>\$ 0.00</b>                           |                      |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | <b>10. \$ 478.86</b>           | <b>+ \$ 2,831.76</b>                     | <b>= \$ 3,310.62</b> |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: | 11. +\$ <b>0.00</b>            |  |                      |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies   | 12. \$ <b>3,310.62</b>         |  |                      |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   | <b>Combined monthly income</b> |  |                      |
| <input checked="" type="checkbox"/> No.  |                                |  |                      |
| <input type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; display: inline-block; width: 800px; height: 15px; vertical-align: middle;"></span>   |                                |  |                      |

Fill in this information to identify your case:

|  |                           |
|--|---------------------------|
| Debtor 1   | <b>Salvador J Herrera</b> |
| Debtor 2   | <b>Dorina J Herrera</b>   |
| (Spouse, if filing)  |                           |
| United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF ILLINOIS</b> |                           |
| Case number<br>(If known)  | <hr/>                     |

Check if this is:

- An amended filing
- A supplement showing post-petition chapter 13 expenses as of the following date:  

---

MM / DD / YYYY
- A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form B 6J**  
**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: **Describe Your Household**

1. Is this a joint case?
  - No. Go to line 2.
  - Yes. Does Debtor 2 live in a separate household?
    - No
    - Yes. Debtor 2 must file a separate Schedule J

2. Do you have dependents?  No

Do not list Debtor 1 and  
Debtor 2.

■ Yes. Fill out this information for each dependent.....

**Dependent's relationship to  
Debtor 1 or Debtor 2**

Dependent's age

## Does dependent live with you?

- No
- Yes
- No
- Yes
- No
- Yes
- No
- Yes

3. Do your expenses include expenses of people other than yourself and your dependents?  No  Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 61.)

## Your expenses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ **628.00**

**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

5. **Additional mortgage payments for your residence**, such as home equity loans

4a. \$ \_\_\_\_\_ **0.00**  
4b. \$ \_\_\_\_\_ **0.00**  
4c. \$ \_\_\_\_\_ **50.00**  
4d. \$ \_\_\_\_\_ **173.00**  
5. \$ \_\_\_\_\_ **0.00**

Debtor 1 **Salvador J Herrera**  
 Debtor 2 **Dorina J Herrera**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

|  |                      |
|--|----------------------|
| 6a. Electricity, heat, natural gas                                 | 6a. \$ <b>100.00</b> |
| 6b. Water, sewer, garbage collection                               | 6b. \$ <b>0.00</b>   |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <b>535.00</b> |
| 6d. Other. Specify: _____  | 6d. \$ <b>0.00</b>   |

**7. Food and housekeeping supplies**

**8. Childcare and children's education costs**

**9. Clothing, laundry, and dry cleaning**

**10. Personal care products and services**

**11. Medical and dental expenses**

**12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

|                     |
|---------------------|
| 7. \$ <b>500.00</b> |
| 8. \$ <b>50.00</b>  |
| 9. \$ <b>90.00</b>  |
| 10. \$ <b>75.00</b> |
| 11. \$ <b>75.00</b> |

**13. Entertainment, clubs, recreation, newspapers, magazines, and books**

**14. Charitable contributions and religious donations**

|                      |
|----------------------|
| 12. \$ <b>450.00</b> |
| 13. \$ <b>40.00</b>  |
| 14. \$ <b>0.00</b>   |

**15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

|   |
|---|
| 15a. Life insurance \$ <b>0.00</b>                  |
| 15b. Health insurance \$ <b>0.00</b>                |
| 15c. Vehicle insurance \$ <b>180.00</b>             |
| 15d. Other insurance. Specify: _____ \$ <b>0.00</b> |

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

|                    |
|--------------------|
| 16. \$ <b>0.00</b> |
|--------------------|

**17. Installment or lease payments:**

|  |
|--|
| 17a. Car payments for Vehicle 1 \$ <b>436.00</b> |
| 17b. Car payments for Vehicle 2 \$ <b>188.00</b> |
| 17c. Other. Specify: _____ \$ <b>0.00</b>        |
| 17d. Other. Specify: _____ \$ <b>0.00</b>        |

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).**

**19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

|                    |
|--------------------|
| 18. \$ <b>0.00</b> |
| 19. \$ <b>0.00</b> |

**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

|  |
|--|
| 20a. Mortgages on other property \$ <b>0.00</b>                  |
| 20b. Real estate taxes \$ <b>0.00</b>                            |
| 20c. Property, homeowner's, or renter's insurance \$ <b>0.00</b> |
| 20d. Maintenance, repair, and upkeep expenses \$ <b>0.00</b>     |
| 20e. Homeowner's association or condominium dues \$ <b>0.00</b>  |

**21. Other:** Specify: \_\_\_\_\_

|                     |
|---------------------|
| 21. +\$ <b>0.00</b> |
|---------------------|

**22. Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

|                        |
|------------------------|
| 22. \$ <b>3,570.00</b> |
|------------------------|

**23. Calculate your monthly net income.**

23a. Copy line 12 (your *combined monthly income*) from Schedule I.

|                         |
|-------------------------|
| 23a. \$ <b>3,310.62</b> |
|-------------------------|

23b. Copy your monthly expenses from line 22 above.

|                          |
|--------------------------|
| 23b. -\$ <b>3,570.00</b> |
|--------------------------|

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

|                        |
|------------------------|
| 23c. \$ <b>-259.38</b> |
|------------------------|

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain: \_\_\_\_\_

**United States Bankruptcy Court**  
**Northern District of Illinois**In re **Salvador J Herrera**  
**Dorina J Herrera**

Debtor(s)

Case No.

Chapter

7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

## DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 29 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date December 6, 2014Signature /s/ Salvador J Herrera  
**Salvador J Herrera**  
DebtorDate December 6, 2014Signature /s/ Dorina J Herrera  
**Dorina J Herrera**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court  
Northern District of Illinois

In re **Salvador J Herrera**  
**Dorina J Herrera**

Case No.  
Chapter

Debtor(s)

7

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

---

**1. Income from employment or operation of business**

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT             | SOURCE  |
|--------------------|---|
| <b>\$42,952.43</b> | <b>2014 YTD - Wife - McDonald's Corporation (as of 12-2-2104)</b> |
| <b>\$6,684.75</b>  | <b>2014 YTD - Husband - Home Depot (as of 11/21/2014)</b>         |
| <b>\$2,293.65</b>  | <b>2014 YTD - Husband - Webb Building Maintenance</b>             |
| <b>\$40,676.00</b> | <b>2013 - Wife - McDonald's</b>                                   |
| <b>\$8,957.00</b>  | <b>2103 - Husband - Webb Building Maintenance</b>                 |

**2. Income other than from employment or operation of business**

None  State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT          | SOURCE   |
|-----------------|--|
| <b>\$720.00</b> | <b>2014 - Husband - IDES Unemployment Benefits</b> |

**3. Payments to creditors**

None  *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CREDITOR | DATES OF<br>PAYMENTS | AMOUNT PAID | AMOUNT STILL<br>OWING |
|---------------------------------|----------------------|-------------|-----------------------|
|---------------------------------|----------------------|-------------|-----------------------|

None  b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF<br>PAYMENTS/<br>TRANSFERS | AMOUNT<br>PAID OR<br>VALUE OF<br>TRANSFERS | AMOUNT STILL<br>OWING |
|------------------------------|------------------------------------|--|-----------------------|
|------------------------------|------------------------------------|--|-----------------------|

None  c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND<br>RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL<br>OWING |
|--|-----------------|-------------|-----------------------|
|--|-----------------|-------------|-----------------------|

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

---

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT<br>AND CASE NUMBER   | NATURE OF<br>PROCEEDING | COURT OR AGENCY<br>AND LOCATION  | STATUS OR<br>DISPOSITION   |
|--|-------------------------|--|--|
| <b>Citibank, NA, Plaintiff-Judgment Creditor, v.<br/>Dorina J. Ransdell, Defendant-Judgment Debtor.<br/>Case No. 12 AR 0000015</b> | <b>Collection</b>       | <b>In the Circuit Court of the<br/>Twenty-Second Judicial Circuit<br/>McHenry County, Illinois<br/>Woodstock, Illinois</b> | <b>Filed 1/6/2012.<br/>Default<br/>judgment<br/>entered<br/>2/7/2012<br/>Turnover<br/>Order - Wage<br/>Deduction<br/>entered<br/>8/6/2013.</b> |

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|-----------------|--------------------------------------|
|---|-----------------|--------------------------------------|

---

**5. Repossessions, foreclosures and returns**

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|--|--------------------------------------|
|---|--|--------------------------------------|

---

**6. Assignments and receiverships**

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|
|------------------------------|-----------------------|-----------------------------------|

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION AND VALUE OF<br>PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

**7. Gifts**

None  List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|--|--------------------------------|--------------|-------------------------------|
|--|--------------------------------|--------------|-------------------------------|

**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|-----------------------------------|--|--------------|
|-----------------------------------|--|--------------|

**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE   | DATE OF PAYMENT,<br>NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|--|--|
| <b>The Law Office of David L. Stretch<br/>5447 W. Bull Valley Road<br/>McHenry, IL 60050-7410</b> | <b>12/4/2014</b>                                       | <b>\$1,500.00</b>                                    |

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFeree,<br>RELATIONSHIP TO DEBTOR | DATE            | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED            |
|---|-----------------|---|
| <b>Car Dealer</b>   | <b>7/3/2013</b> | <b>2003 Suzuki Vitara, trade-in for Chrysler, \$500.00.</b> |

**None**

None  b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|-------------------------------|------------------------|---|
|-------------------------------|------------------------|---|

---

**11. Closed financial accounts**

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION  
**First Midwest Bank**

TYPE OF ACCOUNT, LAST FOUR  
DIGITS OF ACCOUNT NUMBER,  
AND AMOUNT OF FINAL BALANCE  
**Checking account for Perfect Touch  
Maintenance & Repair (dba)**

AMOUNT AND DATE OF SALE  
OR CLOSING  
**\$0.00, 4/2014.**

---

**12. Safe deposit boxes**

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK  
OR OTHER DEPOSITORY

NAMES AND ADDRESSES  
OF THOSE WITH ACCESS  
TO BOX OR DEPOSITORY

DESCRIPTION  
OF CONTENTS

DATE OF TRANSFER OR  
SURRENDER, IF ANY

---

**13. Setoffs**

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

---

**14. Property held for another person**

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

---

**15. Prior address of debtor**

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

NAME USED

DATES OF OCCUPANCY

---

**16. Spouses and Former Spouses**

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None  a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None  b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None  c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

**18 . Nature, location and name of business**

None  a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|---|---------|--------------------|----------------------------|
|------|---|---------|--------------------|----------------------------|

None  b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

B7 (Official Form 7) (04/13)

7

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

---

#### 19. Books, records and financial statements

None  a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None  b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None  c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None  d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

---

#### 20. Inventories

None  a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

None  b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS

---

#### 21 . Current Partners, Officers, Directors and Shareholders

None  a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None  b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

**22 . Former partners, officers, directors and shareholders**

None  a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

None  b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

**23 . Withdrawals from a partnership or distributions by a corporation**

None  If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION AND<br>VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

**24. Tax Consolidation Group.**

None  If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

**25. Pension Funds.**

None  If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date December 6, 2014

Signature /s/ Salvador J Herrera  
**Salvador J Herrera**  
Debtor

Date December 6, 2014

Signature /s/ Dorina J Herrera  
**Dorina J Herrera**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Salvador J Herrera  
Dorina J Herrera**

Case No.  
Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

|  |  |
|--|--|
| Property No. 1   | <b>Describe Property Securing Debt:</b><br>1996 Dodge Ram 1500, 97,000 miles, poor condition.<br>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br>60050-3118 |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |  |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is (check one):<br><input type="checkbox"/> Claimed as Exempt   | <input checked="" type="checkbox"/> Not claimed as exempt  |
| Property No. 2   | <b>Describe Property Securing Debt:</b><br>2006 Chrysler 300, 82,000 miles, good condition.<br>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL<br>60050-3118   |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |  |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is (check one):<br><input type="checkbox"/> Claimed as Exempt   | <input checked="" type="checkbox"/> Not claimed as exempt  |

|   |   |
|---|---|
| Property No. 3  |   |
| Creditor's Name:<br><b>Nationstar Mortgage LLC</b>  | Describe Property Securing Debt:<br><b>Location: 4307 Shamrock Lane, Apt. 3B, McHenry IL 60050-3118</b> |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained  |   |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input type="checkbox"/> Reaffirm the debt<br><input checked="" type="checkbox"/> Other. Explain <b>Will continue to make payments.</b> (for example, avoid lien using 11 U.S.C. § 522(f)). |   |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt  |   |

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

|                                 |                           |   |
|---------------------------------|---------------------------|---|
| Property No. 1                  |                           |   |
| Lessor's Name:<br><b>-NONE-</b> | Describe Leased Property: | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date December 6, 2014

Signature /s/ Salvador J Herrera  
**Salvador J Herrera**  
Debtor

Date December 6, 2014

Signature /s/ Dorina J Herrera  
**Dorina J Herrera**  
Joint Debtor

United States Bankruptcy Court  
Northern District of Illinois

In re **Salvador J Herrera**  
**Dorina J Herrera**

Case No.  
Chapter

Debtor(s)

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |                    |
|---|--------------------|
| For legal services, I have agreed to accept .....           | \$ <u>1,500.00</u> |
| Prior to the filing of this statement I have received ..... | \$ <u>1,500.00</u> |
| Balance Due .....   | \$ <u>0.00</u>     |

2. The source of the compensation paid to me was:

Debtor  Other (specify):

3. The source of compensation to be paid to me is:

Debtor  Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: December 6, 2014

/s/ David L. Stretch

David L. Stretch 6228693  
The Law Office of David L. Stretch  
5447 W. Bull Valley Road  
McHenry, IL 60050-7410  
815-578-0055 Fax: 815-425-6000  
stretchlaw@gmail.com

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

**Bankruptcy Code.**

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Salvador J Herrera Dorina J Herrera \_\_\_\_\_ Case No. \_\_\_\_\_  
Debtor(s) Chapter 7 \_\_\_\_\_

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Salvador J Herrera  
Dorina J Herrera  
Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

|   |                         |
|---|-------------------------|
| <input checked="" type="checkbox"/> <u>/s/ Salvador J Herrera</u> | <b>December 6, 2014</b> |
| Signature of Debtor   | Date                    |
| <input checked="" type="checkbox"/> <u>/s/ Dorina J Herrera</u>   | <b>December 6, 2014</b> |
| Signature of Joint Debtor (if any)                                | Date                    |

---

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Northern District of Illinois**

In re

**Salvador J Herrera  
Dorina J Herrera**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 89

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: December 6, 2014

/s/ Salvador J Herrera

**Salvador J Herrera**

Signature of Debtor

Date: December 6, 2014

/s/ Dorina J Herrera

**Dorina J Herrera**

Signature of Debtor

A / R Concepts  
18-3 E Dundee Road  
Barrington, IL 60010

A / R Concepts  
18-3 E Dundee Road  
Barrington, IL 60010

A / R Concepts  
18-3 E Dundee Road  
Barrington, IL 60010

A / R Concepts  
18-3 E Dundee Road  
Barrington, IL 60010

Advocate Good Shepherd Hospital  
450 West Highway 22  
Barrington, IL 60010

Advocate Good Shepherd Hospital  
450 West Highway 22  
Barrington, IL 60010

Advocate Good Shepherd Hospital  
450 West Highway 22  
Barrington, IL 60010

Advocate Good Shepherd Hospital  
450 West Highway 22  
Barrington, IL 60010

Advocate Good Shepherd Hospital  
PO Box 70014  
Chicago, IL 60673

Advocate Good Shepherd Hospital  
PO Box 70014  
Chicago, IL 60673

Advocate Good Shepherd Hospital  
PO Box 4248  
Carol Stream, IL 60197-4248

Advocate Good Shepherd Hospital  
PO Box 70014  
Chicago, IL 60673-0001

Advocate Medical Group  
701 Lee Street  
Des Plaines, IL 60016

American General Financial  
Springleaf Financial / Bankruptcy  
PO Box 3251  
Evansville, IN 47731

Americollect  
Attn: Bankruptcy  
PO Box 1566  
Manitowoc, WI 54221

Americollect  
Attn: Bankruptcy  
PO Box 1566  
Manitowoc, WI 54221-1566

Americollect Inc  
Attn: Bankruptcy  
PO Box 1566  
Manitowoc, WI 54221

Americollect Inc  
Attn: Bankruptcy  
PO Box 1566  
Manitowoc, WI 54221-1566

Anes. Assoc. of Crystal Valley  
4309 Medical Center Drive  
Suite A201  
McHenry, IL 60050

Blatt, Hasenmiller, Liebsker&MooreLLC  
125 South Wacker Drive  
Suite 400  
Chicago, IL 60606-4440

Capital One Bank  
Attn: General Correspondence  
PO Box 30285  
Salt Lake City, UT 84130

CCI - Contract Callers Inc.  
1058 Claussen Road  
Suite 110  
Augusta, GA 30907

CCI - Contract Callers Inc.  
PO Box 212489  
Augusta, GA 30917-2489

Centegra Clinical Laboratories  
13707 W. Jackson Street  
Woodstock, IL 60098

Centegra Health System  
PO Box 7701  
Carol Stream, IL 60197-7701

Centegra Health System  
PO Box 1447  
Woodstock, IL 60098-1447

Centegra Health System  
PO Box 864  
Mahwah, NJ 07430

Centegra Hospital - McHenry  
PO Box 1570  
Woodstock, IL 60098-1570

Centegra Physician Care  
PO Box 37847  
Philadelphia, PA 19101-7847

Centegra Physician Care  
PO Box 37847  
Philadelphia, PA 19101-7847

Centegra Physician Care LLC  
PO Box 187  
Bedford Park, IL 60499-0187

Chase  
PO Box 15298  
Wilmington, DE 19850

Chase  
PO Box 15298  
Wilmington, DE 19850

Citi  
Attn: Centralized Bankruptcy  
PO Box 20507  
Kansas City, MO 64915

Commonwealth Financial  
245 Main Street  
Dickson City, PA 18519

Commonwealth Financial  
245 Main Street  
Dickson City, PA 18519

Commonwealth Financial  
245 Main Street  
Dickson City, PA 18519

Commonwealth Financial  
245 Main Street  
Dickson City, PA 18519

Commonwealth Financial  
245 Main Street  
Dickson City, PA 18519

Consumer Portfolio Service  
Attn: Bankruptcy  
19500 Jamboree Road  
Irvine, CA 92612

Edgepark Medical Supplies  
1810 Summit Commerce Park  
Twinsburg, OH 44087

EOS CCA  
700 Longwater Drive  
2nd Floor  
Norwell, MA 02061

EOS CCA  
PO Box 981008  
Boston, MA 02298-1008

George Nahra MD  
804 N. Front Street  
McHenry, IL 60050-5522

H & R Accounts Inc  
7017 John Deere Parkway  
Moline, IL 61265

H & R Accounts Inc  
7017 John Deere Parkway  
Moline, IL 61265

H & R Accounts Inc  
7017 John Deere Parkway  
Moline, IL 61265

H & R Accounts Inc  
7017 John Deere Parkway  
Moline, IL 61265

Harris & Harris, Ltd.  
111 W Jackson Boulevard  
Suite 400  
Chicago, IL 60604

Harris & Harris, Ltd.  
111 W Jackson Boulevard  
Suite 400  
Chicago, IL 60604

Harris & Harris, Ltd.  
111 W Jackson Boulevard  
Suite 400  
Chicago, IL 60604

Harris & Harris, Ltd.  
111 W. Jackson Boulevard  
Suite 400  
Chicago, IL 60661-4134

Harris & Harris, Ltd.  
111 W. Jackson Boulevard  
Suite 400  
Chicago, IL 60661-4134

Harris & Harris, Ltd.  
PO Box 5598  
Chicago, IL 60680-5598

Internal Credit Systems, Inc.  
PO Box 52088  
Durham, NC 27717

Lake McHenry Pathology Associates  
520 E. 22nd Street  
Lombard, IL 60148

Malcolm S. Gerald and Assoc.  
332 S. Michigan Avenue  
Suite 600  
Chicago, IL 60604

McHenry Radiologists & Imaging  
PO Box 220  
McHenry, IL 60051

McHenry Township Fire Department  
PO Box 457  
Wheeling, IL 60090-0457

McHenry Township Fire Department  
PO Box 457  
Wheeling, IL 60090

Mercy Health System  
1000 Mineral Point Avenue  
Janesville, WI 53548

Mercy Health System  
1000 Mineral Point Avenue  
Janesville, WI 53548

Mercy Health System  
1000 Mineral Point Avenue  
Janesville, WI 53548

Mercy Health System  
580 N. Washington Street  
Janesville, WI 53548

Mercy Health System  
PO Box 5003  
Janesville, WI 53547-5003

Mercy Health System  
PO Box 5003  
Janesville, WI 53547-5003

MercyCare Building  
580 N. Washington Street  
Janesville, WI 53548

Midwest Diagnostic Pathology, SC  
75 Remittance Drive  
Suite 3070  
Chicago, IL 60675-3070

Midwest Diagnostic Pathology, SC  
PO Box 578  
Park Ridge, IL 60068-0578

Nationstar Mortgage LLC  
Attn: Bankruptcy  
350 Highland Drive  
Lewisville, TX 75067

Navient  
PO Box 9655  
Wilkes Barre, PA 18773

NCO Financial Systems  
507 Prudential Road  
Horsham, PA 19044

NCO Financial Systems Inc.  
PO Box 15740  
Wilmington, DE 19850-5740

NCO Financial Systems, Inc.  
PO Box 15630  
Dept 99  
Wilmington, DE 19850

OAC  
PO Box 371100  
Milwaukee, WI 53237

OAC  
PO Box 371100  
Milwaukee, WI 53237-2200

OAC  
PO Box 371100  
Milwaukee, WI 53237-2200

Pediatrix Medical Group  
PO Box 88087  
Chicago, IL 60680-1087

Pediatrix Medical Group  
PO Box 120153  
Grand Rapids, MI 49528-0103

PMAB Service  
4135 S Stream Boulevard  
Suite 4  
Charlotte, NC 28217

Portfolio Recovery Associates, LLC  
Attn: Bankruptcy  
PO Box 41067  
Norfolk, VA 23541

Portfolio Recovery Associates, LLC  
120 Corporate Boulevard  
Norfolk, VA 23502

Portfolio Recovery Associates, LLC  
Disputes Department  
140 Corporate Boulevard  
Norfolk, VA 23502

RJM Acquisitions LLC  
575 Underhill Boulevard  
Suite 224  
Syosset, NY 11791-4437

Stellar Recovery  
PO Box 1234  
Fort Mill, SC 29716-1234

Stellar Recovery  
1327 Highway 2 W  
Suite 100  
Kalispell, MT 59901-3413

Surgical Associates of Fox Valley  
690 East Terra Cotta Avenue  
Suite A  
Crystal Lake, IL 60014-3605

United Credit  
United Credit Service, Inc.  
PO Box 740  
Elkhorn, WI 53121

Wellington Radiology Group, SC  
39006 Treasury Center  
Chicago, IL 60694-9000